



**PARTICIPATING GUEST INFORMATION FORM (PGIF)
LAWRENCE BERKELEY NATIONAL LABORATORY**

Page 1 of 2

☐ NEW GUEST ☐ FORMER GUEST ☐ FORMER EMPLOYEE ☐ RENEWAL

GUEST NAME:

Guest ID:

First M.I. Last

Sponsoring Institution Address (Edit Mailing Address)

Institute Name: _____
Address 1: _____
Address 2: _____
Address 3: _____
City/State/Zip: _____

Inst. Phone: _____
Inst. Fax: _____
Inst. Email: _____
Country: _____
Department: _____

Home Address (Name/Address)

Address: _____
City: _____
State/Zip: _____
Phone: _____

Birth Country: _____
Birth City/Place: _____

Guest Statistics (Personal Profile & Eligibility)

Birthdate: (mm/dd/yy)

Gender: ☐ F ☐ M

Citizenship: ☐ US ☐ US Immigrant

☐ Non-Immigrant

Citizenship Country: _____

Address of Residency - if non US Citizen (not entered in HRIS)

Address: _____
City/State/Zip: _____
Country: _____
Phone: _____

LBNL Work Location (LBNL Directory)

Guest Building/Room: _____

Guest Phone: _____

LBNL Mail Stop: _____

Appointment Dates (WorkLoc & Emp Data)

From

To

Assignment Information (Job Information)

Job Code: ☐ 100.0 General ☐ 100.1 Post Doc ☐ 100.2 Scientist ☐ 100.3 Sr. Scientist ☐ 100.4 Adm./Clerical
☐ 100.5 Mgmnt ☐ 100.6 GSRA ☐ 100.7 Technical ☐ 100.8 Faculty ☐ 100.9 Student

Est. Standard Hours per week: _____ (example: 40 hrs = 100%, 2hrs = 1day/mo, 24hrs = 60%, etc)

Additional Information (Guest Data)

Guest Class: ☐ CNS Consultant ☐ PSF PSF User ☐ DOE DOE Emp ☐ SRV Serv Vendor ☐ FDS Food Serv
☐ SUB Subcontractor ☐ RES Research ☐ SEC Security ☐ STS Staff/Tech ☐ FIR Firefighters

Reason of Visit (incl. Beamline or project id): _____

Sponsoring Institution: _____

Department: _____

Employee of Institution? ☐ Yes ☐ No, if no then list

Employer: _____

Other Funding Sources:

1. Institution: _____	Fund Type: _____
Amount(\$/mo): _____	Date From: _____ Date To: _____
2. Institution: _____	Fund Type: _____
Amount(\$/mo): _____	Date From: _____ Date To: _____

LBNL Organization and Host Information: (Org Info, Emp Data)

Guest Orgcode: _____

Host/Supervisor: _____

Host ID: _____

Host Phone: _____

LBNL AUTHORIZATIONS:

Approved: _____

Date: _____

Approved: _____

Date: _____

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Page 2 of 2

GUEST NAME:

First _____ M.I. _____ Last _____ Guest ID: _____

INSURANCE AND WORKER'S COMPENSATION DISCLOSURE:

THE LAWRENCE BERKELEY NATIONAL LABORATORY IS UNABLE TO PROVIDE WORKER'S COMPENSATION BENEFITS IN THE EVENT OF A WORK INCURRED INJURY TO A PARTICIPATING GUEST, THAT IS, ONE WHO IS NOT ON THE PAYROLL OF THE LABORATORY. Whom should LBNL contact to ascertain whether or not you are covered for Worker's Compensation Benefits? In the event of an injury while working at the Laboratory this information would be needed. (See section EMERGENCY CONTACT DATA below for person to notify in case of emergency.)

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Name and Carrier of Medical
or Health Insurance Plan: _____

EMERGENCY CONTACT DATA

Primary Contact? ☐ Yes ☐ No Home address/telephone same as guest? ☐ Yes ☐ No Complete if different.

Name: _____ Relationship: _____

Address: _____ Phone: _____

City/State/Zip: _____ Work Phone: _____

Country: _____ Other Phone: _____

GUEST SIGNATURE:

Signature: _____ Preparer: _____

Date: _____ Date: _____